

**APPLICATION DATA SHEET****Application Information**

<b>Application Number::</b>	National Stage of PCT/SE03/00461
<b>Filing Date::</b>	October 5, 2004
<b>Application Type::</b>	Regular
<b>Subject Matter::</b>	National Stage Application
<b>Suggested Classification::</b>	None
<b>Suggested Group Art Unit::</b>	None
<b>CD-ROM or CD-R?::</b>	No
<b>Number of CD Disks::</b>	0
<b>Number of Copies of CDs::</b>	None
<b>Sequence Submission?::</b>	No
<b>Computer Readable Form (CFR)?::</b>	No
<b>Number of Copies of CFR::</b>	None
<b>Title::</b>	ARRANGEMENT IN A MEASURING SYSTEM
<b>Attorney Docket Number::</b>	35947-207175
<b>Request for Early Publication?::</b>	No
<b>Request for Non-Publication?::</b>	No
<b>Suggested Drawing Figure::</b>	NONE
<b>Total Drawing Sheets::</b>	SEVEN
<b>Small Entity?::</b>	NO
<b>Latin Name::</b>	
<b>Variety Denomination Name::</b>	
<b>Petition Included?::</b>	No
<b>Petition Type::</b>	None
<b>Licensed US Govt. Agency::</b>	
<b>Contract or Grant Numbers::</b>	None
<b>Secrecy Order in Parent Appl.::</b>	

**Applicant Information**

**Applicant Authority Type::** Inventor  
**Primary Citizenship::** Swedish  
**Country::** Sweden  
**Status::** Full Capacity  
**Given Name::** Mattias  
**Middle Name::**  
**Family Name::** JOHANNESSON  
**Name Suffix::**  
**City of Residence::** LINKÖPING  
**State or Province of Residence::**  
**Country of Residence::** Sweden  
**Street of Mailing Address::** Landeryd Sörholmen 2  
**City of Mailing Address::** LINKÖPING  
**State or Province of Mailing Address::**  
**Country of Mailing Address::** Sweden  
**Postal or Zip Code of Mailing Address::** S-585 93

**Applicant Authority Type::** Inventor  
**Primary Citizenship::** Swedish  
**Country::** Sweden  
**Status::** Full Capacity  
**Given Name::** Anders  
**Middle Name::**  
**Family Name::** MURHED  
**Name Suffix::**  
**City of Residence::** LINKÖPING  
**State or Province of Residence::**  
**Country of Residence::** Sweden

**Street of Mailing Address::** Konvaljegatan 10  
**City of Mailing Address::** LINKÖPING  
**State or Province of Mailing Address::**  
**Country of Mailing Address::** Sweden  
**Postal or Zip Code of Mailing Address::** S-582 46

### Correspondence Information

**Correspondence Customer Number::** 26694  
**Phone Number::** (202) 344-4000  
**Fax Number::** (202) 344-8300  
**E-Mail Address::** www.venable.com

### Representative Information

**Representative Customer Number::** 26694

### Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
	Continuation of		
	Continuation of		

### Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
Sweden	0201044-5	April 5, 2002	Yes

## **Assignee Information**

**Assignee Name::** IVP INTEGRATED VISION PRODUCTS AB

**Street of Mailing Address::** Wallenbergs gata 4

**City of Mailing Address::** LINKÖPING

**State or Province of Mailing Address::**

**Country of Mailing Address::** SWEDEN

**Postal or Zip Code of Mailing Address::** S-583 35